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# DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

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RECORDS. "I have some difficulty in presenting my month's report interestingly to the executive board of the League supporting our work. The secretary of the Charities Organization makes her report and, as visiting nurse, I am asked to give mine at the same meeting. After giving the number of calls, patients, collections, and kinds of diseases, I seem to have covered the ground, but my report lacks interest. Can you suggest a few points to bring out at such a meeting?"

ANSWER. "Under another cover I am sending you copies of several of our old annual reports, and should advise your writing to other visiting nurse associations for some of theirs. Read the reports, the presidents' as well as the superintendents' carefully, and see what each one has felt was important to put before the public, then plan your own monthly reports accordingly. In my own monthly report to the Board here, I give very few statistics, but on a large blackboard in plain view of all the directors, we give the following statistics each month: total patients, total new patients, total calls, total contagious cases, total maternities, total new-born babies. Sometimes we put the figures for two months on the board to compare the increase or the decrease of the work. If we have an unusually large number of any one type of case, if we have sent a great many people to hospitals, we add these items. With the exception of the first three totals, the items are not always the same. In my superintendent's report, I compare the work of the month just closed with that of the preceding month and with that of the same month of the previous year, commenting on our increase or decrease, and giving the probable reasons for either. I also try to tell of one or two interesting cases, never using names or addresses; tell of the requests for help or advice that have come in to us from different individuals or agencies; of the gifts given us (not in money, the treasurer does this), both large and small; and then tell the needs of the association for the coming month. Almost every month I put in an appeal for old linen and muslin. Sometimes I ask for magazines for chronic shut-ins, occasionally for a wheel-chair, or

for bath wrappers and blankets, or something that a special patient needs. We do not give material relief, except as a side issue, and then only to sick people. We do occasionally pay for milk for a month for a typhoid case; we may supply glasses or a brace or medicine or a wheel-chair; and we give away such clothing as is given us, but we do not ask for the clothing and we are not particularly anxious to have it to give away. We would like to keep our work distinctly separate from the work of relief giving. I don't know how large your town is, but you must be careful not to describe cases so that they will be recognized by anyone in your audience, for the smaller the town, the greater the danger that sensitive patients may be gossiped about. If you are trying hard to work up fee service, why not describe the work as it is done in Hartford, Conn., and Providence, R. I.? If you would like to devote more of your energies to special baby work during the coming summer, secure the baby death rate and the number of deaths from your Health Department and talk about the preventive work done in other cities. Don't make your report descriptive, merely, of local things, insert occasional comments on the work as it is done in other cities and show how your own work could be extended or strengthened if similar work were undertaken there. For well-written, helpful, annual reports, I should advise you to write to The Visiting Nurse Association, Concord, N. H.; the Visiting Nurse Association, 109 Washington St., Providence, R. I.; The Instructive District Nursing Association, 561 Massachusetts Ave., Boston, Mass.; The Instructive District Nursing Association, 1123 Madison Ave., Baltimore, Md.; The Visiting Nurse Association, 34 Charter Oak Ave., Hartford, Conn.; The Visiting Nurse Association, City Hall, Omaha, Neb.; The Visiting Nurse Association, 612 St. Clair Ave., Cleveland, Ohio. Other associations also publish good reports, but these are particularly helpful. They are the only names that come to my mind at this moment. Write out each monthly report as carefully as if you were writing a composition for your high school senior graduating exercises; then keep your reports on file, reading them over occasionally in order to make sure that you are not repeating yourself. Don't simply take notes and try to talk about the work; a formal written report is better, but it should be interestingly written. If you have a particularly helpful and friendly member on your Committee, why not go straight to her and tell her that you feel your report is unworthy of the work being done, and ask her how she thinks it can be made more interesting and what items or stories she, herself, is most interested in? If you interest one of your keenest members, you are pretty sure to interest your whole Committee."

QUESTION. "I am writing to ask what you do with patients, especially those suffering with acute diseases such as typhoid fever, if they are told that the hospital would be the best place for them and they refuse to go; and if they cannot pay much, if anything, towards the services of the visiting nurse who comes to them in their own homes. Does your association continue nursing this type of patient or does it refuse care?"

ANSWER. With one or two exceptions, we carry such cases as you describe in your letter and give them daily or twice-daily care. Occasionally we put a special nurse on just such a case, for we realize that sick people are unreasonable and will not go to hospitals. We should also realize that the treatment in the poor home is occasionally better than the individual treatment of patients in a big hospital. Our exceptions are the cases of typhoid, tuberculosis, or vaginitis in such poor, dirty, and neglected homes that everyone who comes in contact with the patient for any length of time is not only in danger of contracting the disease herself, but also runs the risk of carrying it on to others. We visit these cases, advise and urge hospital treatment and then dismiss them to the Board of Health. The Board of Health cannot do very much with them. I do not feel that we have any right to expose our nurses and the vast majority of our patients to the danger of infection from these cases. I have, myself, occasionally gone into a frightfully dirty tuberculosis room, where I could see no use in caring for the patient unless it were to prepare him for removal to the hospital. The average patient is reasonable but wants to stay at home, and if the home is a fit one, we ought not neglect him because he refuses to carry out our instructions. If, however, the home is as bad as it can be and the patient or his guardians are conscious of their acts, we should offer them hospital treatment and dismiss them. We always give every individual the right of conscious choice and, for a long time to come, we shall probably not approve of forcible hospitalization, but I don't think we have any right to expose our nurses or waste our time in caring for this sort of case. This type, however, really occurs very seldom. In the last three years, in Chicago, I can only think of two cases that we have turned down, one an advanced case of pulmonary tuberculosis who died in delirium tremens; the other a little girl suffering from such a frightful form of vaginitis that everything in the house seemed infected. At the time we dismissed this last child, she was being attended by a private physician who refused to send her to the hospital and every nurse on our staff was carrying one or more maternity cases. Of course we cannot handle such cases with our maternities, nor can we sacrifice one whole

service in order that we may give care to the case that is distinctly in need of constant hospital care.

Children of this sort we also report to the Juvenile Court, for it is able to act under our 'Contributing to the Dependency or Delinquency of Childhood' act. In the last few months, we have had several acute and chronic cases of eyes, ears, spines and hips given prompt and proper medical attention because of the coöperation of our probation officers. When adults are being neglected or neglect themselves, we can't do much unless the case comes under the jurisdiction of the County Court. We have three times secured adequate care for senile adults by reporting their children to the court. We never swear out a warrant for an abusive husband, for we think that the wife should do this herself. If a woman were too ill to do this and at the same time were being neglected, we would ask some other agency to do this for us. One of the deputy bailiffs of our Court of Domestic Relations is an ex-visiting nurse. This particular kind of case we would refer to her. We never undertake to do any sort of punitive work that we can foist onto somebody else."

#### ITEMS.

OHIO. The Public Health Nurses' Club of Cleveland held its monthly meeting on April 27. Following the business meeting, the club was favored by a number of selections by boys and girls of the Music Settlement, who played many beautiful selections such as are heard only at the best concerts. Miss Drake of the Settlement gave an introductory talk, explaining the purpose of the work and what it has done for the children. Miss Drake, Miss Samson and Mr. Logan, the leader of the orchestra, are to be congratulated on the splendid results which their devoted efforts in this unique direction are producing. Mr. Canson Rose, secretary of the Advertising Club of Cleveland, spoke to the Club at its May meeting, on the subject of "Enthusiasm."

CHICAGO. Gerda Hedstrom (Augustana Hospital), formerly on the staff of the Visiting Nurse Association, has recently gone into visiting nurse work in Fort Madison, Iowa. Miss Hedstrom is doing both general visiting and school nursing work. The visiting nurse work is supported by the King's Daughters' Union.